

Submission
No 2

**INQUIRY INTO REGISTERED NURSES IN NEW SOUTH
WALES NURSING HOMES**

Name: Ms Jill Wright

Date received: 5/07/2015

Partially Confidential

To the Committee Members,

I enter my submission as a family member of a High Care Nursing Home Resident Case Study. My 94 year old Mother resides a . She is totally blind and immobile. I include our experiences below.

Need For R.N. on each shift:

When still mobile in September 2014 at 6pm my Mother fell or had a spontaneous fracture while standing beside her bed. The nursing attendants informed the RN on duty who with assistance put my mother into bed as she appeared to be uninjured. Later I arrived to find her calling out in pain as the attendants tried to walk her to the toilet. I was able to call the RN who was on duty for the evening shift. She returned my mother to bed and gently performed some supported movements of mother's affected leg which indicated to her, due to her training, that there was a probable fracture. She then checked blood pressure for signs of 'shock' syndrome, spoke with the GP by Phone telling of her findings, put mother on 'nil orally' in case fasting for surgery was required and as there was not mobile x-ray available during the weekend, with the GP's agreement called and ambulance which took us to the Prince of Wales hospital. There it was discovered that she did have a fractured neck of femur (hip) which was pinned to prevent ongoing pain. Without an RN my Mother would have been walked to the toilet at 94 years of age on a fractured hip and continued in agony until an RN next was on duty or had a out of hours weekend costed GP call-out, when the pain was intolerable.

Pressure on Staff:

The ancillary staff at the Home have told me that without the supportive knowledge available from the RN's on duty they would feel very stressed by the responsibility and legal implications of making Nursing decisions and would probably leave the industry, as rates of pay are higher at supermarkets and fast food outlets, without the responsibility involved in caring for our elderly. The growing numbers of 'baby-boomers' and dementia patients needing care must also be considered as increasing pressure on unsupported ancillary staff. There is much more involved than a certificate allowing them to give out medications.

As I live interstate I feel reassured that when I am not there my mother is in the care of a trained professional on every shift.

Jill Wright